

# Sturgis Charter Public School



## Standard Scholarship Form

### Student Demographic Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Female ( ) Male ( ) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Parent/Guardian Information:

**Parent 1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent 2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Student High School Information:

GPA: \_\_\_\_\_ (4 point scale) Class Rank: \_\_\_\_\_ Decile Class Size: 103

Candidate for Full IB Diploma: Yes ( ) No ( )  
How many IB Certificate Examinations will you be taking: \_\_\_\_\_

SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

**OR** Composite ACT Score: \_\_\_\_\_

Dates of Attendance (Sturgis): From \_\_\_\_/\_\_\_\_/\_\_\_\_ month/year To \_\_\_\_/\_\_\_\_/\_\_\_\_ month/year

Anticipated Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ month/year

Other School(s) Attended: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_/\_\_\_\_/\_\_\_\_ month/year To \_\_\_\_/\_\_\_\_/\_\_\_\_ month/year

Guidance Counselor: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

*If requested, an official copy of the student's transcript and a copy of the student's SAT or ACT score report is provided in a sealed envelope bearing the Guidance Counselor's signature.*

**Academic Honors/Awards** (Please indicate academic year):

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**Extracurricular/Volunteer Activities:**

| Activity | Grades Participated<br>(9/10/11/12) | Offices Held | Other Recognitions |
|----------|-------------------------------------|--------------|--------------------|
|          |                                     |              |                    |
|          |                                     |              |                    |
|          |                                     |              |                    |
|          |                                     |              |                    |
|          |                                     |              |                    |
|          |                                     |              |                    |

**Work Experience:**

| Employer | Position | Dates (month/year) |    |
|----------|----------|--------------------|----|
|          |          | From               | To |
|          |          | From               | To |
|          |          | From               | To |
|          |          | From               | To |

**Colleges to which you have applied:**

| College | Admissions Status | Intended Major |
|---------|-------------------|----------------|
|         |                   |                |
|         |                   |                |
|         |                   |                |

If necessary, feel free to attach a list of additional colleges.

**Career Plans:** \_\_\_\_\_

**Financial Information:**

Family Income 2014: \_\_\_\_\_ Anticipated Income 2015: \_\_\_\_\_  
 Please attach a note explaining any major changes in income.

Number in household: \_\_\_\_\_

Number of family members who will be attending college in 2015/2016: \_\_\_\_\_

Which College do you hope to attend: \_\_\_\_\_

Annual Costs: Tuition \_\_\_\_\_  
 Room/Board \_\_\_\_\_  
 Fees \_\_\_\_\_

**Attach a copy of your FAFSA Student Aid Report (SAR) that includes an indication of your Expected Family Contribution (EFC). If you do not intend to file the FAFSA, or there are any unusual circumstances that the Scholarship Committee should take into account, please explain.**

*I certify that the information provided on this form is complete and accurate to the best of my knowledge.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_